## EXHIBIT CG

ATTACHMENT 1 (10.21.15 2015-FRA-295 ReqDEF683-719) 30-SI-IR-EB Documen EO Location: 350-3 Filed 08/21/20 Page Date of Occurrence: Report Number:

Facility Code:

Exhibit CG Attachment 1 -10.21.15 2015-FRA-295 ReqDEF683-719

**EXHIBIT** 

FRA - FRACKVILLE

BMU 3A-1002

Oct 21 2015 13:25:00

2015-FRA-00295

Current Status of Inmate(s) (including housing status, misconduct information, etc):

Inmate Name: **WARREN EASLEY**  Inmate # KA1544

<u>Age:</u> 29

Inmate Type: INMATE

**Custody Level** 

**Current Housing Status** 

Date Recieved May 16 2011

Offense ROBBERY

Sentence 4 years 9 months - 12 years 6 months

Minimum Date May 06 2015

Maximum Date Feb 06 2023

Misconduct #

**Medical Treatment Given** 

**Evaluated by SCIF Medical RN Nigh** 

security concerns

ecurity concerns dSE 1.17-CV-	00930-SHR-EB DOCUMENT	330-3 Filed 00/21/20	Page 3 01 30
	44444		100
OCCURENCE DESCRIPTION (v	vho, what, where, when, why & h	ow)	
On the above date and time, Inmate	Easley, Warren KA1544 expressed suici	dal ideations while speaking wit	h Corrections Counselor
Marhelko, Lt. Albert was notified and	began organizing escort staff for POC	placement. During this time, Eas	ley covered his door, became
results. Lt. Albert organized a comp	oted to damage his cell. Lt. Albert attemp liance team to remove Easley from the c	ell and place him in the restraint	chair due to his suicidal
ideations and non-compliance. The	compliance team consisted of Labor For ert briefed the team and proceeded to BN	eman S. Polifka, COI Evans, CO	Flowers, COI Berger, and COI
escorted to the BMU Camera Cell an	id was placed in the restraint chair. All re	estraints were checked and asse	ssment completed by RN Nigh.
Photographs were taken at this time	. The team exited the area and a debriefi	ng was conducted by Lt. Albert.	The compliance team was
deactivated and ordered to complete	e paperwork and be seen by Medical.		
Notification To	Name (Org/Person)	Date/Time	
Facility Manager	Supt. B. Tritt	Oct 21 2015 13:45:00	
Other	DSFM G. Miller	Oct 21 2015 13:45:00	
Other	Major B. Keller	Oct 21 2015 13:45:00	· · · · · · · · · · · · · · · · · · ·
		***************************************	
Weapon Information: Was a	Weapon Used Yes ( No		
Treapon inioiniation.	0 100 60 100		

O Yes 
No

Describe Weapon:

Was Weapon Recovered:

d: <u>N/A</u>	ocument 350-3 Filed 08/21/20	
		- Company
=) (if anniicahla)		
s) (if applicable)	<u> </u>	
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Description of A	ction	
	A 1 A Marie Constant	
	External Investigation	
	External Investigation	
· ·	External Investigation	
	External Investigation	
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Type of Suspect:	External Investigation	
Type of Suspect:	External Investigation	
Type of Suspect:	External Investigation	
Type of Suspect:	External Investigation	
	External Investigation	
Type of Suspect:	External Investigation	
	g times, names/titles, Medical Attention Give	g times, names/titles, etc)  Medical Attention Given  Description of Action

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	HR-EB Document 350-3 Filed 08	
is this occurrence related to a previous occurre	ence? Yes No Repo	ort Number:N/A
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	, маниминиродичники и маниминиродични и маниминиродичники и маниминиродичники и манимини и маниминиродичники и маниминиродичники и маниминиродичники и маниминиродични	
Typed name/title of reporting official:	Signature:	Date:
Typed name/title of reporting official:  Lukashewski, Captain	Signature:	Date:
Lukashewski, Captain	- July Cont	
Lukashewski, Captain	Signature:	Date:
Lukashewski, Captain  Typed name/title of official-in-charge:	- July Cont	
Lukashewski, Captain  Typed name/title of official-in-charge:	- July Cont	
Lukashewski, Captain  Typed name/title of official-in-charge:	- July Cont	
Lukashewski, Captain  Typed name/title of official-in-charge:	- July Cont	
	- July Cont	

Revised 8/2012	sylvania Depart Employee Rep	ment of Corrections of the contraction of the contr	ons ⊠Use of i	Force Occurrence
Attachment C 6.3.1, Section 17		······································		
To: J. Lukashewski	Title: Shift	Commander	Date: 10/21/15	Time:1400
From (Name Printed): J. Albert	Title: Lieut	enant	Location of I	ncident: 3A01
Employee Signature:	1	Type of Inciden	t: Restraint Chair Pl	acement
Inmates Involved		volved	Witn	esses
(Name and Number)		and Title		
Easley, Warren KA1544	CO Berger			
	CO Flowers			
	CO Evans			
	LF Polifka			
	RN Nigh CO So			
1. Detailed description of the occu				
compliance team to place inmate Ea	sley in the restrai	<u>nt chair after he m</u>	nade threats of self-Ha	arm. Easley covered
his door and banging was heard insi				
to be placed in the POC cell were un				
Berger, CO Flowers, LF Polifka and				
we proceeded to 3A01. Once at the				
place his hands out of the wicket to t				
door was opened and leg irons were				
lap belt secured for transport to the BMU camera cell. Once in the camera cell Easley was systematically placed				
in the restraint chair by the team. RN				
Photographs were taken and the tea	m exited the cell.	At 1445 I debrief	ed and deactivated th	e team.
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6.3.1, Facility Security Manual
Section 17 – Extraordinary Occurrences
Issued: 9/28/2012
Effective: 10/5/2012

2. Actions taken (if force was used, include an account of the events prior to the use of force, the reason(s) for the
use of force, and a description of the use of force. If any equipment was used (i.e., EBID, OC, etc.), describe the
process, who authorized the equipment, who used the equipment and the effects of usage. (List all action taken in
a chronological order.)
1325: Easley states he is suicidal and wishes to go to POC
1335: Easley refuses orders to be placed in POC and covers door and begins banging inside the cell
1400: Directed to assemble compliance team
1426: team briefed
1431: restraint chair notice read to inmate.
1433: restraints applied
1435: placed in chair and lap belt secured for transport to the BMU camera cell
1440: systematically secured in the restraint chair
1440: medical confirms capillary refill and photos are taken
1441: team exits cell
1445: debrief
3. Description of any weapon(s) used by the inmate(s) or found in the area. If any, attach a photograph of the
weapon(s).
None
4. Detailed description of any injuries sustained by staff and/or inmates and any medical attention provided.
No known injuries at this time
If the occurrence involved a planned use of force, was the occurrence
videotaped? If no, include an explanation in Section 2. If yes, include the
camera operator's name and the custodian of the tape. Scarpatu Sul
Shift Commander Signature: Date: Tracking Number (If an attachment to a DC-
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10/21/15 121 Part 2): 2015 - FRA - 00295

6.3.1, Facility Security Manual Section 17 – Extraordinary Occurrences Issued:

Effective:

DC-121 Part 3 Penn	sylvania Department of	Corrections	<b>≱</b> Use of F	orce Occurrence
Revised 8/2012 Attachment C 6.3.1, Section 17	Employee Report of Ir	cident	<b>C</b> .	
To: / /	Title:		Date:	Time:
ant Lukashewski	Shiff 6	mmander	10-21-15	1476
From Mama Printed):	Title: ,		Location of In	cident:
Prans	<u>C0'</u>		BMY	
Employee Signature:	Type	of Incident:		
			air placeme	<u> </u>
Inmates Involved	Staff Involved		' Witne	sses
(Name and Number)	(Name and Titl			8
Easley, Warren KA1544		of Scorport		
	(O, Elonis		g	
	LF Polifka			
	RN Nigh			
		77	O amarail	Time Die
1. Detailed description of the occu	irrence: Un the ab	ove date o	and approx.	Le ERID +
		mo f wa	s assigned +	o cell 3402
Control Ilm Easley's KHIS			at chair I	I the Easley's
and assisted with esos		ISO ROOM.	to controles	- C 4 s
head while team pot s	cured -/m. I	12++ 50 /	son with n	9 47/19
incident. TJE				y .
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2. Actions taken (if force was used, include an account of the events prior to the use of force, the reason(s) for the
use of force, and a description of the use of force. If any equipment was used (i.e., EBID, OC, etc.), describe the
process, who authorized the equipment, who used the equipment and the effects of usage. (List all action taken in
a chronological order.)
1426 Brief
1433 Team entos 3ADZ
1433 Ilm placed in restaint chair
1435 entered Iso Room
1441 Fly serviced
1401 med evaluation
1442 Still Photos
1445 debrief
3. Description of any weapon(s) used by the inmate(s) or found in the area. If any, attach a photograph of the
weapon(s).
None
/
4. Detailed description of any injuries sustained by staff and/or inmates and any modical attention provided
4. Detailed description of any injuries sustained by staff and/or inmates and any medical attention provided.
No known injuies at this time
•
If the occurrence involved a planned use of force, was the occurrence
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videotaped? If no, include an explanation in Section 2. If yes, include the
camera operator's name and the custodian of the tape. SOARPATI Souls
Shift Commander Signature: Date: Tracking Number (If an attachment to a DC-
404 0 01
10/21/15 121 Part 21: 2015-FRA-00295

DC-121 Part 3 Pe	ennsylvania Department of Corrections	ZUse of Force Occurrence
Revised 8/2012	Employee Report of Incident	
Attachment C 6.3.1, Section 17		
To	Title:	Date: Time:
Cept. Wegshewski	Title: Shift Commader	10-21-15 1400
From (Name Printed):	Title:	Location of Incident:
Poliska	Lefor Foreman	BMU
Employee Signature:	Type of Incident:	
Elliployee digitature.		account
Inmates Involved	Staff Involved	Witnesses
(Name and Number)	(Name and Title	
	et Albert Coscarpati	
Easley Marrin Kt1544		
	KN NISK	
	CoEvans	
	CO Flowys	- Additional Control of the Control
	CO Berger	
1. Detailed description of the or	ccurrence:	
	The above date and time	ne I Mr. Poliska was
	-pliance team in the BM	1U. I was assigned
accompanan Coll	1 dos 3402 innote easley	
		securing lap belt
to be placed in restre	7	7
and Escorting innute		
	easley's arms and less in	redrant chair. AT
no time was O.C.	used	
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2. Actions taken (if force was used, include an account of the events prior to the use of force, the reason(s) for the
use of force, and a description of the use of force. If any equipment was used (i.e., EBID, OC, etc.), describe the
use of force, and a description of the use of force. If any equipment was used (i.e., 2015, 400, 100, 100)
process, who authorized the equipment, who used the equipment and the effects of usage. (List all action taken in
a chronological order.)
a cilrollological older.)
1926 Bricked
1431 on dool
1917 and an in the annual in the
1433 cell open inmake seated in chair
1435 100 best seviced mand to comera cell 1441 straps secured, medical Evelvettan
1441 straps secured medical Evaluation
1991 shaps secured, medical Everitary
144) cotyl chotes
(443 team Fxits
1498 Debite
3. Description of any weapon(s) used by the inmate(s) or found in the area. If any, attach a photograph of the
weapon(s).
Ala III
/
Detailed description of any injuries sustained by staff and/or inmates and any medical attention provided.
4. Detailed description of any injuries sustained by staff and/or inmates and any medical attention provided.
4. Detailed description of any injuries sustained by staff and/or inmates and any medical attention provided.  SCC medical reports
See medical reports
See medical reports  If the occurrence involved a planned use of force, was the occurrence
See medical reports  If the occurrence involved a planned use of force, was the occurrence
If the occurrence involved a planned use of force, was the occurrence videotaped? If no, include an explanation in Section 2. If yes, include the
If the occurrence involved a planned use of force, was the occurrence videotaped? If no, include an explanation in Section 2. If yes, include the camera operator's name and the custodian of the tape.
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If the occurrence involved a planned use of force, was the occurrence videotaped? If no, include an explanation in Section 2. If yes, include the camera operator's name and the custodian of the tape.  Shift Commander Signature:  Date: Tracking Number (If an attachment to a DC-
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Attachment C 6.3.1, Section 17	nnsylvania Department of Corrections Employee Report of Incident	Use of Force Occurrence
To: Capt. Lukasew:	Ki Title: hit Command	Date:   Time: 1445
From (Name Printed):	Title: Co/	Location of Incident:
Employee Signature:	Type of Incident:	- Chair Placement
Inmates Involved (Name and Number)	Staff Involved (Name and Title	Witnesses
Gasley INacren KAISH	of Host Ro Nigh	
	Co Beaut	
	Co' Evans	
1. Detailed description of the oc		e & Approx Time
Placement Of In	nate KAIS44 Egsley IN	arren Xla table
To Statt or Connat	to Report NEWS OF	export st
N. Se.		
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2. Actions taken (if force was used, include an account of the events pr	rior to the use of force, the reason(s) for
the use of force, and a description of the use of force. If any equipment	t was used (i.e., EBID, OC, etc.), describe
the process, who authorized the equipment, who used the equipment a	and the effects of usage. (List all action
taken in a chronological order.)	takan di sanjarah kajarin kajarin
1426 : Team Boles	ж.
1431 : At Door, Placed In Hand Cotts	r a
1433 : Door Opened	The state of the s
1433 & Shackles Hoplied	×
1433: Placed In Chair	
1435: Strads Samed Wheeled To ISO Room	
1435 Fatered ISO Room	
1441 : Char Sound / Stress Etc.	
1442: Seron BU /Madical.	
1442: Still Photos Taken	
1443 1 Team Exits JSO Room	
1445" Depriet	Carlot Company
The state of the s	
	grade to the stage of the stage
3. Description of any weapon(s) used by the inmate(s) or found in the	area. If any, attach a photograph of the
weapon(s).	
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4. Detailed description of any injuries sustained by staff and/or inmate	is and any medical attention provided.
NONE TO REPORTA	
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	man value and the second secon
If the occurrence involved a planned use of force, was the occur	rence
videotaped? If no, include an explanation in Section 2. If yes, inc	
camera operator's name and the custodian of the tape.	SERIPUH XUE
	acking Number (If an attachment to a DC-
10/2/15 12	1 Part 2): 2015-FRA-0295
10/01/13	:
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6.3.1, Facility Security Manual Section 17 – Extraordinary Occurrences

issued: Effective: Attachment 17-C, Page 2 of 2

OC-121 Part 3 Per Revised 8/2012 Attachment C 6.3.1, Section 17	nnsylvania Department of Correction Employee Report of Incident	ns Wuse of Force Occurrence
ro: Capt. Lukashewski	Title: Shiff Gimmanol	ev 10/21/15 Time: 1400
From (Name Printed):	Title:	Location of Incident:
Employee Signature:	Type of Incident:	- Chair Planment
Inmates Involved	Staff Involved	Witnesses
(Name and Number)	(Name and Title	
Englay, Worren KAID99	CO Flowers	
	Vo Evans	
	(O Scarpati	
	CF Politka	
1. Detailed description of the occ	- , , ,	date and approximant
	was ordered to repor	to for for home to
officer was then as	Signed to a Complant	of the lea restraints
Paged Warter 38-02	Call lung to Engles under the	andruffent und this
Allered Secreed the	lea irons on the inmate.	This officer then pushed
	Shaint chair to the	BMU comera room
This officer then as	ssisted in securing th	e pestraint straps for
the arms and uncu	frod the leg restra	hts.
	<u> </u>	
		4.
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2. Actions taken (if force was used, include an account of the events prior to the use of force, the reason(s) for the
use of force, and a description of the use of force. If any equipment was used (i.e., EBID, OC, etc.), describe the
use of force, and a description of the use of force. If any equipment was used (i.e., LDID, OC, etc.), describe the
process, who authorized the equipment, who used the equipment and the effects of usage. (List all action taken in
a chronological order.)
1400 Oredered to report to the BMV
1426 Team britfed
1921 7
1433 Tram enters cell securidirestraints, placed in restraint chair
1435 Escorted in chair to camera room
1441 Straß Gecure & Mulical evaluation
1442 Still Photos
1443 Team Trute
Will Tenen Daheial
1975 TRUM DEPILET
3. Description of any weapon(s) used by the inmate(s) or found in the area. If any, attach a photograph of the
weapon(s).
Non
JON
4. Detailed description of any injuries sustained by staff and/or inmates and any medical attention provided.
See Medical Reports.
ac rumar reports.
If the occurrence involved a planned use of force, was the occurrence
videotaped? If no, include an explanation in Section 2. If yes, include the No Yes
camera operator's name and the custodian of the tape.
Sklift Commander/Signature: Date: Tracking Number (If an attachment to a DC-
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10/21/15 121 Part 2): 2015-FMA-00295

DC-121 Part 3 Per Revised 8/2012 Attachment C 6.3.1, Section 17	nnsylvania Department of Correct Employee Report of Incident	ions
To: CAPT (NKASHEWSK)	Title:	Date: Time:
From (Name Printed):	Title:	Location of Incident:  BMU3A02 / CHAIR ROOM
Employee Signature:	Type of Incide	ent: Corain Piacoment
Inmates Involved (Name and Number)	Staff Involved (Name and Title	Witnesses
VAISYY EASLEY, WARREN	CO "Albert MR. POLIFICA	
	lu Kostinzo	
	CO' BYANS	4
	W SCARPATI	
TEAM TO RACE UM ENSIRY INS BE CIPPED. THIS OPPICED PO THE ACTUATION CHAIR. UM AND THEN THIS OFFICER A	THE RESTRAINT CHAIR. THE ACED THE RESTRANTS ON T ENSCEY WAS ESCURTED TO SSISTED IN PLACING 1/MEM AFTER THE IMMOSE WAS	WAS ASSIGNED TO A COMPLIANCE EASILY COMPLIED WITH SECURS TO THE INMITE AND PLACED HIM NOT THE CHAIR COSTUMITION ROOM SEY INTO THE CHAIR AND SECURE THIS OFFICER LEFT THE INC. FOIRLS
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## Case 1:17-cv-00930-SHR-EB Document 350-3 Filed 08/21/20 Page 17 of 38 2. Actions taken (if force was used, include an account of the events prior to the use of force, the reason(s) for the use of force, and a description of the use of force. If any equipment was used (i.e., EBID, OC, etc.), describe the process, who authorized the equipment, who used the equipment and the effects of usage. (List all action taken in a chronological order.) 1426: TEMM BRICHED 431: TEAM ON DOOR 1433: TEAM ENTERED COLL BAOR. SHALKIET SECURED. SEATED IN CHAIR. 1435: Strok societed Transported to chair poem 1441: Strans secure Medital eval 441- Still Photos Miles to the contract of the c 3. Description of any weapon(s) used by the inmate(s) or found in the area. If any, attach a photograph of the weapon(s). 4. Detailed description of any injuries sustained by staff and/or inmates and any medical attention provided.

If the occurrence involved a planned use of force, was the occurrence videotaped? If no, include an explanation in Section 2. If yes, include the Scarpular Scale Scale Shift Commander Signature:

| Date: | Tracking Number (If an attachment to a DC-121 Part 2): | October 121 Part 2): | October 122 Part 2): | October 123 Part 3: | October 124 Part 3: | October 125 Part 3

6.3.1, Facility Security Manual
Section 17 - Extraordinary Occurrences
Issued:

Attachment 17-C, Page 2 of 2

Effective:

DC-121 Part 3 Penn Revised 8/2012 Attachment C 6.3.1, Section 17			ment of Corrections ort of Incident	ons	<b>∠</b> Use of F	orce Occurrence	
To:		Title:		<del></del>	Date:	Time:	
Captain Lukashewski		Shift Comm	nander		10-21-2015	1330	
From (Name Printed): J. Marhelko				e II	Location of I		
,	Title: Corre			BMU 2 Cell	ilcideiit.		
Employee Signature:			Type of Incident: Threat of Self Harm/Suicide				
Inmates involved			ıvolved		Witn	esses	
(Name and Number)		(Name a	and Title				
Easley W. KA 1544	J. N	//arhelko CCI	]				
				•			
	T						
		,	,				
1. Detailed description of the occu		ce: Unan ant	ering the BMI I at	1320+	o do an out of o	all with inmate	
Chith innote Endoughing The Occu	 	ic coll I told b	im quickly I have	2 000	on one to do be	then became	
Smith, inmate Easley called me over	I TO N	iis cell I (Old I	min quickly i nave	a UITE	on one to do ne	o nevoh or	
belligerent towards me and stated "I	am s	suicidal and I	riced the time out	t cell, l	Albad Mad S	a psych of	
someone. I said ok, then I proceede	d to e	enter the BM	U bubble and alen	tea Lt.	Albert that inm	ate Easley Just told	
me he was suicidal. Lt. Albert and Lt	t. Red	<u>eder then left</u>	the control bubble	<u>e and</u>	proceeded to ta	ilk to inmate Easley.	
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Issued: 9/28/2012 Effective: 10/5/2012

2. Actions taken (if force was used, include an account of the events prior to the use of force, the reason(s) for the
use of force, and a description of the use of force. If any equipment was used (i.e., EBID, OC, etc.), describe the process, who authorized the equipment, who used the equipment and the effects of usage. (List all action taken in
o observationical order \
I left the BMU block and entered the BMU control center and alerted LT. Albert the Inmate Easley stated he was
suicidal.
3. Description of any weapon(s) used by the inmate(s) or found in the area. If any, attach a photograph of the
weapon(s).
None
4. Detailed description of any injuries sustained by staff and/or inmates and any medical attention provided.
None
If the occurrence involved a planned use of force, was the occurrence
videotaped? If no, include an explanation in Section 2. If yes, include the
camera operator's name and the custodian of the tape.
Shift Commander Signature: Date: Tracking Number (If an attachment to a DC-
10/2//5 121 Part 2): 2015 - FRA - 00 295
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6.3.1, Facility Security Manual
Section 17 – Extraordinary Occurrences
Issued:

Effective:

Attachment 17-C, Page 2 of 2
Req 3-DEF000700

DC-121 Part 3 Pen Revised 8/2012 Attachment C 6.3.1, Section 17	nsylvania Department of Corrections Employee Report of Incident	Use of Force Occurrence
To: Cot Lukashousti	Title: Shift Commander	Date: Time: 1435
From (Name Printed):	Title:	Location of Incident:
Employee Signature:	Type of Incident:	- nortraint chair
Inmates Involved (Name and Number)	Staff Involved U (Name and Title	Witnesses
Early Warren KA1544	TT Opera	
	endly COI	
	Elano COI	
1. Detailed description of the occi		in a form was
Unod on Innate Early		munut unmate.
made sucudal statem	end and example in this is	
Complied to chair of	Jacoment Unthant Maide	Not the second s
		HILIP
		Nigh, RN
		Might in
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6.3.1, Facility Security Manual
Section 17 – Extraordinary Occurrences
Issued: 9/28/2012
Effective: 10/5/2012

2. Actions taken (if force was used inc	lude an account of the	events prior to the use of force, the reason(s) for
the use of force, and a description of the	he use of force if any or	quipment was used (i.e., EBID, OC, etc.), describe
the process, who authorized the equipo	ment who used the eau	ipment and the effects of usage. (List all action
taken in a chronological order.)	mont, and asca the equ	ipment and the effects of usage. (List all action
1426 Dobrielina.	<u> </u>	
1435 - placed m (rha	1/	
1438- medical ADDO		
THE PROPERTY OF THE PROPERTY O	22011 Will :	
		in the second of
		*
3. Description of any weapon(s) used by	y the inmata/s) or found	in the area. If any, attach a photograph of the
weapon(s).	y the minate(s) or round	in the area. If any, attach a photograph of the
indepolitor.		
- I will		
	•	3
* * *		
4 Detailed description		
4. Detailed description of any injuries su	stained by staff and/or i	nmates and any medical attention provided.
more noted		
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		Thoras
178	-	THAN
		Str. L. mad
	:	Nigh, RN.
	-	
:		
8.4		
f the occurrence involved a planned ι	ise of force, was the o	ccurrence
/ideotaped? If no, include an explanat	tion in Section 2. If ves	, include the No Yes
amera operator's name and the custo	odian of the tape.	Scarpati Sul
hift Commander Signature:	Date:	Tracking Number (If an attachment to a DC-
1 7	· · · · · · · · · · · · · · · · · · ·	
V hall hall	1/2/2/1-	121 Part 21: /
procoll	10/21/5	121 Part 2): 2015 - 644- 00295

6.3.1, Facility Security Manual
Section 17 – Extraordinary Occurrences
Issued:

Effective:

	MEDICAL INCIDENT	/INJURY	REPORT		Boy
PERSON (Last N INVOLVED ZO.	lame) Dley	(First Name)	red (v	/iddle Initial)	Reported to Dispensary BMU Date: 10 1 21 1 15 AM Time: 1435 PM
Male: 💢 Femal	e: □ <sup>()</sup> Age: <u> </u>				Ilme. 110 S PM
Date of Incident  1b-2-15	Time of Incident   435	P.M.	Exact Location	of Incident 1	3mu
INMATE I	Facility No. Housing	Bmu		Work Related	Yes No 📈
	SUPERVISOR:				
EMPLOYEE	Department		Job Ti	tle	
VISITOR	Home Address				Home Phone
OTUED F	Occupation		Reaso	on for Presence	e at this Facility
Property Involved: [		Ived:	Describe:		Was person authorized to be at location of incident:  ☐ Yes ☑ No
Describe exactly What	Happened. Why it happene Description of Illness/Inj		en. If an Injury, Sta	te Part of Body In	jured. If Property or Equipment Damaged, De-
Planned 1	iso of force	to p	laco un	mate 8	-asley KA1544
un restrai	nt chath I	o peri	Lerusa	unmate	coursed upcell and
made Dui	cidal Otater	nont			(Continue On Reverse)
Was Physician Notif	ied? 💢 Yes		lo V	as Family Noti	
Was Person Involve  ☐ Yes	d Seen by a Physician [X] No	? Date		A.M. Where P.M.	Physician's Name
	d Taken To A Hospital?	Date	TIME	A.M. Where	By Whom
2. Initial Impression		TYPE O	F INJURY		Indicate on Diagram Location of Injury
BJ hando	Scaprifill	n u	eration		R
	m z gra	3. Abr.	asion		WIN Find
	redal Sulse	4. Bur 5. Nor	n Apparent	] {	
Drestert.	2 Kor man	6. Oth	er <u> </u>	<u> </u>	
too louch	round for				
exhructy	. Durouble	atten	mos	noted	9 A 1 1
3. Treatment Rendere	d: assessma	nt un	restr	aunt	
			·		
	CATERIAL PARTY IN PROPERTY AND A	an M	Kicy-		Poviewing Authority
Date of Report	Signature & Title o	r Person Mre	eparing (Report		Reviewing Authority
	ommonwealth of Pe	nnsylvani		MEDICAL IN	Reg 3-DEF000703 NCIDENT/INJURY REPORT

P				1
DISPOSITIO	N AFTER TREATMENT			The state of the s
1. Return to 2. Place in i 3. Admit to	AHU Jeekrauntchain			
4. Admit to 5. Return to	Community Hospital		<del></del>	
7. Refer to f	Family Physician Community Hospital		(Employee)	•
DISTRIBUTIO	ON:			
Original;	Medical File			
Copies:	Facility Manager Deputy for Facilities Manager Deputy for Centralized Service		· · · · · · · · · · · · · · · · · · ·	
	Major(s) Security Officer Other			
CONTINUE	D FROM REVERSE: (Items 1	through 3) (Indicate	item).	
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Req 3-DEF000704

			***************************************			
PERSON (Last Nar	MEDICAL INCIDEN	T/INJURY REPO			Popodod to Diena	
INVOLVED P	b)ifko	(*113	(Middle Ir	ordal)   [	Reported to Dispensary Date: 10 27 2015 AM	
Temal	~ ~				ime <u>50 PM</u>	
Date of Incident	Time of Incident	A.M. Exact	ocation of In	cident:	BMU	
INMATE	Facility No. Housing	) Unit Worl	Related	Yes	No C	
*	SUPERVISOR:					,
EMPLOYEE X	Department Security		Job Title G	e Main	renance	*
VISITOR	Home Address N	/A	*		e Phone N/A	
OTHER	Occupation N/A		Reason for	Presence at t	his Facility N/A	
Property Involved:			escribe: N/	•	Was person author location of incident	•
Describe exactly What Ha Describe Damage. 1. [	ppened. Why it happened. A Discription of Illness/Inju	Action Taken. If an Inju	ıry, State Part of	Body Injured. If	Property or Equipment Damag	ed,
Employee involve	d in planned use o	force. & W	ith Inr	nate Ea	sley KA1544	Also
placed in	Restraint cha	ir at this	time.		<u> </u>	11130
		, s-			(Continue On Rev	
* s Physician Notifie		■ NO	Was Fan	nily Notified?		3[88]
Person Involved	Seen by a Physician? No	Date Tim	e A.M.	Where N/A	Physician's N	ame
Was Person Involved Yes Lui No		Date Tim	e A.M.	Where N/A	By Whom	
2. Initial Impression II	Iness/Injury	70- 0- 1111			dicate on Diagram Locat	ion of Injury
Employee ambula	ted to medical	1. Laceration	RY	(	?? €	1
Department. Empl	ovee denies anv	2. Hematoma 3. Abrasion		$\int_{X}$	I A	3
Injury at this time.	No injuries	4. Burn 5. Non Appare	nt e	51/		
Noted at this time.		6. Other Specify		~w()	A SWA AW	M
4				<del>-</del> ()	(	(')
	*				A 51	
. Treatment Rendered:	Employee assesse	d instructed to	roport to C		dical Center East El	
anel of Physicians	if any injuries surf	are	rebott to 9	cnuyikili Me	dical Center East El	₹
		400.			1	,
Now-Up :Panel of p	hysicians/SMC ER a	s needed				*
of Report	Signature			Revie	ewing Authority	× ·
<u> </u>	He M	Thiroway			*	
- <del>-v</del> i comi	nonwealth of Pen	nsylvania	MEDICA	L INCIDEN	MINJURY REPORT	

(Revised-10-99)

Department of Corrections

Req 3-DEF000705

DISPOSITION AFTER TREATME	NT * * * * *					
<ol> <li>Return to Block</li> <li>Place in RHU</li> <li>Admit to Infirmary</li> <li>Admit to Community Hospital</li> <li>Return to work</li> <li>Refer to Physician Line</li> <li>Refer to Family Physician</li> <li>Refer to Community Hospital</li> </ol>		(Employee)			34	
DISTRIBUTION:	<b>.</b>					
Original: Medical File		· ·				
Copies: Facility Manager Deputy for Operation Deputy for Treatmen Major(s) Security Officer		<b>-</b>	*			
Other						1
Other  CONTINUED FROM REVERSE: (	Items 1 through 3) (Indicate item	).		***************************************	<u></u>	
	Items 1 through 3) (Indicate item	).				
	Items 1 through 3) (Indicate item	).				
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	CIDENT/INJURY	RT (Middle Init	i-i	Reporte	ed to Dispensary			
INVOLVED	erger			flasionie IIII	udi)		od to Dispensary	
Female	£	28				Time _	(¥PO PM	
Date of Incident	Time of Incide	ent 🗆 A.M.	Exact L	ocation of Inc	ident:	BMU	l	
INMATE	Facility No.	Housing Unit	Work	Related	Yes.,		No L	and the second
*	SUPERVISOR:	SUPERVISOR						
EMPLOYEE X	Department S	Security		Job Title C	O_L			
VISITOR	Home Addres	s N/A		*	l	lome Pho	ne N/A	XX
OTHER -	Occupation N	/A		Reason for	Presence	at this Fa	cility N/A	
Property Involved:	□ Equipme	ent Involved:	] De	escribe: N/A			Was person authorocation of inciden  ■ Yes □ No	
Describe exactly What Hat Describe Damage. 1.	appened. Why it ha Discription of III	ppened, Action Take	n. If an Inju	ry, State Part of	Body Injure	d. If Propert		ged,
Employee involve			& WI	Th In	nate	Easley	/ KA1544	Also
placed in	Restraint	-chair at		<del></del>		· ·		>
			) N		* +4	·	(Continue On Re	verse)
* s Physician Notifi	ed?	Yes 📮 🛚	NO.	Was Fan	nily Notifie	2d2 🔲 7	res ■ No	
Person Involved			Tim		Where N/A		Physician's N/A	Name
Was Person Involved Yes Li No	:	mary? Date N/A	Tim	e A.M.	Where N/A		By Whom N/A	٠
2. Initial Impression	Illness/Injury	TYPE	OF INJU	RY		Indicate	on Diagram Loca	ation of Injury
Employee ambula	ated to medic	al 1. La	ceration			7.6		7
Department. Emp		3. At 4. Bu 5. No	n Appare					
Noted at this time	*	6. Ot Specif	her y					
			4			-{/}.	(7	
	#							(w)
3. Treatment Rendered	: Employee a	ssessed, instr	ucted to	report to 8	Schuylki	Il Medica	al Center East	ER/
Panel of Physiciar							· · · · · · · · · · · · · · · · · · ·	
	*							· · · · · · · · · · · · · · · · · · ·
Follow-Up :Panel of	· · · · · · · · · · · · · · · · · · ·	MC ER as need	led					,
Dad of Report )/	Signature	22PN	Fhirowa	ıy, LPN		Reviewing	Authority	
C 457 Com	n m o muse a c 141	Cos Dommondin		MEDIOS	1 18101	>==17"(12 t	111m\/ m=	

(Revised-10-99)

DISPOSITIO	N AFTER TREATMENT		÷ .		~ ( <b>100, € 1440</b> ) \$ .	<b>A</b>		<u> </u>
<ul><li>5. Return to</li><li>6. Refer to F</li><li>7. Refer to F</li></ul>	RHU Infirmary Community Hospital	X						
DISTRIBUTIO	DN:	e <sup>s</sup>				the state of the s		
Original:	Medical File				Á			
	Facility Manager Deputy for Operations Deputy for Treatment Major(s) Security Officer Other		X			in the second se		٠
CONTINUED	FROM REVERSE: (Iter	ns 1 through	3) (Indicate ite	m).				
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				. ×			٠	l

	MEDICAL IN	CIDENT/I	M IIIDV	DEDO	)T			A ********************************		
PERSON (Last Nam	······································	CIDEI(I)	NJOINI	NEF OF	(Middle Ir	itial)	Date:	0 py 1	Nispensary	s
e Female	e: Age:	27					Time _	<u>ari</u>	<u> </u>	
Date of Incident	Time of Incide	ent DA	.M.	Exact Lo	cation of In	cident:	BML	l		
INMATE	Facility No.	Housing U	nit	Work f	Related	Yes		No		
•	SUPERVISOR:									•
EMPLOYEE X	Department :	Security			Job Title (	00		· .		
VISITOR   N/A	Home Addres	s N/A			*		Home Pho	one	N/A	
OTHER	Occupation N	IA			Reason for	r Presence	at this Fa	acility N	I/A	
Property Involved:	□ Equipme	ent Involve	d: 🖂	De	scribe: <b>N</b> /	A		location	erson authorizers of incident:	zed to be at
Describe exactly What Hat Describe Damage. 1.	appened. Why it has Discription of III	appened. Act	ion Taken. Y	lf an Injur	y, State Part o	f Body Injure	d. If Proper			d,
Employee involve	ed in planned	d use of f	огсе.	& Wi	Hh In	mate	Easley	/ KF	71544	Also
placed in	Restrain	t chai	rat	this	time					
		·		- "				(Conti	nue On Reve	rse)
s Physician Notifi	ed?	] Yes	Ĭ <b>≡</b> N	<b>o</b>	Was Fa	mily Notifi	ed? 🔲 ်	Yes	■ No	
Person Involved		ysician?	Date	Time		Where N/A		P	Physician's Na I/A	ame
Was Person Involved Yes Li No	d Taken To Infi	mary?	Date N/A	Time	A.M.	Where N/A		3	y Whom	
2. Initial Impression	Illness/Injury		TVDE	OF INJUR	N.		Indicate	e on Di	agram Locati	on of Injury
Employee ambula	ated to medi	cal		eration			J.R	_		
Department. Emp	oloyee denies	s any	3. Abr	asion		. •	[] 1	1/	Ari	利
Injury at this time	. No injuries			Appare	nt		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	HX	211	11
Noted at this time	*		6. Oth Specify			*		(		
*							( ) (		(7)	
· · · · · · · · · · · · · · · · · · ·	× :	.00	······································			Teantifference		B		
3. Treatment Rendered	: Employee	assessec	l, instru	cted to	report to	Schuvlki	II Medica	al Cer	nter East El	R/
Panel of Physician						÷			·	:
	٠,			•				<del>!!</del>		
Follow-Up :Panel of	physicians/S	MC ER a	s neede	ed		***	······································		*.	
of Report 1/21 / 2015	Signature	22AN	T	hiroway	, LPN		Reviewin	g Autho	ority	
/\ / P ==	141	V					····			

Commonwealth of Pennsylvania
Department of Corrections

	DISPOSITION	ON AFTER TREATMENT	4. % 4	^ .	13000 (NA) Se	500-00-00-00-00-00-00-00-00-00-00-00-00-	B
	<ol> <li>Place in</li> <li>Admit to</li> <li>Admit to</li> <li>Return t</li> <li>Refer to</li> <li>Refer to</li> </ol>	Infirmary Community Hospital	X	(Employee)			
	DISTRIBUTI	ION:	e <sup>F</sup>	· · · · · · · · · · · · · · · · · · ·			
	Original:	Medical File			8		
	Copies:	Facility Manager	X	•			
		Deputy for Operations Deputy for Treatment		Management &			
		Major(s) Security Officer Other	X RNS			•	*
	CONTINUED	FROM REVERSE: (Iten	ns 1 through 3) (Indicate i	item).			
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	MEDICAL INCIDENT	IN HIDV DE	200		W	<u> </u>		
PERSON (Last Nan	······································	INJURT RE	- <u></u>	(Middle Init	ia()		to Dispensary	
Tele Female	e: Age: <u>38</u>	Bindhontood				Time 1		
Date of Incident	Time of Incident 🔲	A.M. Exa	ct Loc	ation of Inc	ident:	BMU		
INMATE	Facility No. Housing	Jnit	ork Re	lated	Yes ,		No 🔚	
	SUPERVISOR:				~			
EMPLOYEE X	Department Security		J	ob Title Co	)			
VISITOR	Home Address N/A	1		*	ŀ	lome Phone	N/A	
OTHER	Occupation N/A		F	Reason for I	Presence	at this Facili	ty N/A	MANAGEMENT AND
Property Involved:	Equipment Involv	ed: 🔲	Desc	cribe: N/A		loca	s person autho ation of incident Yes No	t i
Describe exactly What Hat Describe Damage. 1.	ippened. Why it happened. Ac Discription of Illness/Inju	tion Taken. If an	Injury,	State Part of	Body Injured	d. If Property or	Equipment Damag	jed,
Employee involve	ed in planned use of	force. Æ	With	7 Inn	nate	Easley I	CA1544	A150
placed in	Restraint cha	ir at th	is :	time.				٠
				T		(Cd	ontinue On Rev	rerse)
s Physician Notifi	ed?	■ NO		   Was Fam	ilv Notifie	d? 🔲 Yes	No.	
Person Involved	Seen by a Physician? No		Time	A.M.	Where N/A	- bossould 1 hr	Physician's i	lame
Yes 💷 No 🚍	Taken To Infirmary?	Date N/A	Time	A.M.	Where N/A		By Whom N/A	
2. Initial Impression I	lliness/Injury	TYPE OF IN	u ins	,		Indicate on	Diagram Loca	tion of Injury
Employee ambula	ited to medical	TYPE OF IN 1. Laceration 2. Hemator	on .			Si		
Department. Emp Injury at this time		<ol> <li>Abrasior</li> <li>Burn</li> <li>Non App</li> </ol>	***   *					
Noted at this time.		6. Other Specify	-		, "N	<b>"</b> \\\"	w \	/ m
· *						() ()	(7)	()
								(ca)
	Employee assessed		to re	eport to S	chuylkil	Medical C	enter East E	-RV
Panel of Physician	s if any injuries surf	ace.		· ·			4	
	4					· · · · · · · · · · · · · · · · · · ·		ė.
	physicians/SMC ER a	s needed					· • »	Ł
of Report 1/21 / 2015	Signatura De 20N	Thir	way,	LPN		Reviewing Au	ıthority	
C-457 Com	monwoolth of Do-			HEDIO				

(Revised-10-99)

Commonwealth of Pennsylvania MEDICAL INCIDENT/INSERS-DEFOOR711
Department of Corrections

	DISPOSITIO	ON AFTER TREATMENT	V . /	and the same of th
A CONTRACTOR OF THE CONTRACTOR	<ol> <li>Admit to</li> <li>Return to</li> <li>Refer to</li> <li>Refer to</li> </ol>	RHU Infirmary Community Hospital	X	_(Employee)
	DISTRIBUTI	ON:	e de la companya della companya della companya de la companya della companya dell	
	Original:	Medical File		
	Copies:	Facility Manager Deputy for Operations Deputy for Treatment Major(s)	XX	
***************************************		Security Officer Other	X RNS	
	CONTINUED	FROM REVERSE: (Item	ns 1 through 3) (Indicate iter	n).
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## **Notice for Use of Restraint Chair**

The Offic	cer-in-Charge of the extracti	on will read this	script to the in	mate.
Inmate _	Easley Warren KA1544 (name)	, I am	LT Albert (na	me and rank).
Date & T	Гіте: 10/21/15 1430	SCI: Frac	ckville	Housing Unit: BMU
to comp This mo	ly with orders to uncover you ve is being videotaped. You	ur door and be p will be handcuf estraint chair will	placed in a POofed, tethered, at lescort you. The	and placed in leg irons. The ne length of time you remain
of the m	ninimum amount of force red	quired to place	you in the rest	assigned will result in the use traint chair. This use of force or Oleoresin Capsicum (OC).
	ing you a Direct Order to connicted. (Repeat this order			hands out of the food panel

06.03.01, Facility Security Procedures Manual Section 33 – Restraints

Issued: 7/2/2012 Effective: 7/9/2012 Attachment 33-B

## Three Member Compliance Team Briefing Form

Facility:	Frackville		_Date: _	10/21/2015		·
Time: 142	26					
DC-141#:	26					
						•
Inmate Na	ame: <u>Easley, Warrer</u>	1		Inmate	Number: <u>KA</u>	<u>\1544</u>
				*		
Situation:	Inmate Easley made	threats of self	f-harm, c	overed his ce	ll door and lou	d banging was
heard insi	de the cell. Easley re	fused all order	s to unco	ver his door.	All staff that at	tempted to
gain his co	ompliance were unsu	ccessful. Inma	te Easle	v will be place	d into the Res	traint Chair.
Location:	BMU 3A02					·
Defensive	: Weapons/Restrainin	a Devices: Of	C. Ebid. (	Cuffs. Tether.	Lea Irons. Res	straint Chair
D 0.0		g · · · · · · · · · · · · · · · · ·				-
Me	dical Contacted before	re Use of Force	e (Time r	permitting)	☐ Yes	□ No
			` '		- 105	
Table Dos	wired/Llead:					
loois Red	quired/Used:					
			<del>()</del>			
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			<u></u>			
		000				
Three Me	ember Compliance T	eam Officers:	•			
			4:			
	mber 1(Video Camer	•				
Team Me	mber 2(OC and gas r	nask): <u>LF Po</u> l	<u>litka</u>	AA 71		
	mber 3(tether, handc					
	mber 4(leg irons, and					
Team Me	mber 5(hand held EB	ID and gas ma	ask): <u>_CC</u>	) Evans	·	
Commissi	ioned Officer-in-Char	ge: <u>LT Alber</u>	<u>rt                                    </u>			
		RN Nigh				
	ff Present (Unit Mana	ger. Counselo	or):			
	(	<b>3</b> ,	,			
Notes:	Extra officers were us	ed on this con	npliance 1	team to safely	place inmate	Easley in the
	aint chair					
Noone						
					·	
					1 1.0	
170	hat	<del></del> -			10/21/15	<del></del>
Comprission	oned Officer-in-Charge			Date	1 / 1	
	1				1.611-	
Jan	-ACCOME	<del>.</del>			10/2/11	<del></del>
/Shift C	commander			Date	•	

(C or D DC-709 SECURITY LEVEL 5 HOUSING UNIT INMATE ACTIVITY RESTRICTION FORM Inmate Name Inmate Number Misconduct No. Cell Assignment KA1544 3H02 Behaviors - Check all that Apply □ Pre-hearing Confinement ☐ Sexual Comments/Gestures ☐ Assaultive Toward Staff ☐ Verbally Abusive ☐ Tampers w/ cell door/wicker ☐ Assaultive Toward Inmates Self Abusive Behaviors Threatens Self-Abuse ☐ Medical/Mental Health Issues Destroys Property ☐ Contraband/Weapons(s) ☐ Escape Attempt ☐ Throws Body Fluid ☐ Feigning Medical Problems ☐ Other Approved Restrictions – Check all that Apply Restraint Chair\* (8 hour maximum unless ☐ Exercise ☐ Television ☐ Shower ☐ Secure Food Pass approved by the Facility Manager/designee □ Shave ☐ Videotape of Movements □ Movement Restrictions – Use of belt for ☐ Cell Cleaning ☐ Plexiglas Shield exercise/showers/toilet ☐ Spit Mask ☐ Commissioned Officer ☐ Movement Restrictions – Use of tether for □ Water present for movements exercise/showers/toilet ☐ Container ☐ Mini Law Library ☐ Movement Restrictions – Use of leg restraints ☐ Commissary □ Radio for exercise/showers/toilet □ Bedding Materials ☐ In Cell Restriction – Use of handcuffs, treatment belt, and/or leg shackles (24 hour maximum unless approved by the Medical Department) Date: 10/2:/15 Time: 1445 Requested By: ∠ ✓ Shift Commander Signature/Date Disapproved \*Restraint Chair - Name of Medical Staff Member/Date: Approved □ Disapproved RN NKK Restriction Removed By: Date: Time: No restriction may exceed 7 days unless approved by the Facility Manager/designee. Name/Title of approving authority: Expiration date: Comments **Facility Manager** CC: Shift Commander/Captains Office (original) DC-14 DSFM DSIS (If applicable) DC-15 DSCS Intelligence Captain **RHU Control Room** 6.5.1, Administration of Security Level 5 Housing Units

Case 1:17-cv-00930-SHR-EB Document 350-3 Filed 08/21/20 mate on MH/ID Roster

Section 1 – Administration

Issued: 2/7/2014

Effective: 2/14/2014

Attachment 1-L



SCI Frackville

DESCRIPTION OF INCIDENT

Chair Placement Inmate KA-1544 Easley, Warren

DATE: 10/21/15 TIME: 1448

INMATE NAME: (LAST,FIRST) DC NUMBER:

Easley Warren

KA 1544

Photo of Area:

STAFF MEMBER:

Face

**CO1** Scarpati



CI Frackville		EOR#	2015-Frackville		
		DESCRIPTION OF INCID	ENT		
	Chair Place	ment inmate KA-1544	Easley, Warren		
DATE:	10/21/15	TIME:	1448		
IN	MATE NAME: (LAS	T,FIRST)	DC NUMBER:		
	Easley Warren		KA 1544		
Photo	of Area:		Right Wrist		
STAFF	MEMBER:		CO1 Scarpati		



SCI Frackville

DESCRIPTION OF INCIDENT

Chair Placement Inmate KA-1544 Easley, Warren

DATE: 10/21/15 TIME: 1449

INMATE NAME: (LAST,FIRST) DC NUMBER:

**Easley Warren** 

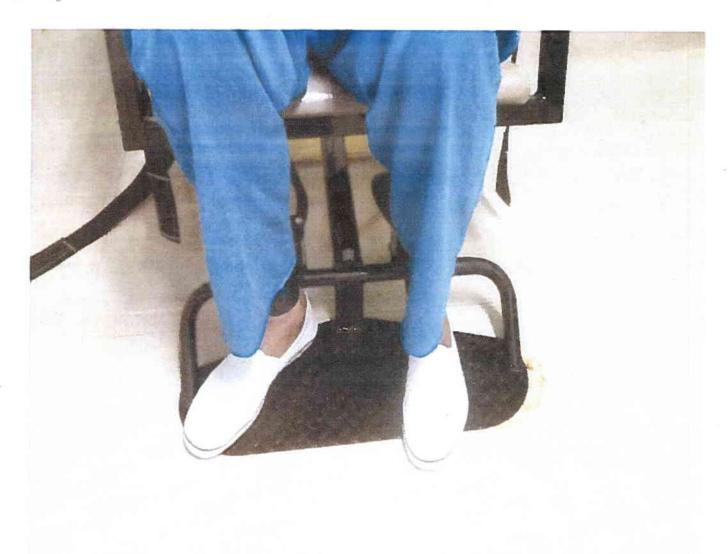
KA 1544

Photo of Area:

Left Wrist

STAFF MEMBER:

**CO1 Scarpati** 



10.21.2015 14:49

I Frackville		EOR#	2015-Frackville
	C	ESCRIPTION OF INCID	ENT
	Chair Placer	ment Inmate KA-1544	Easley, Warren
DATE:	10/21/15	TIME:	1449
IN	MATE NAME: (LAS	T,FIRST)	DC NUMBER:
	Easley Warren		KA 1544
Photo	of Area:		Ankles
STAFF MEMBER :			CO1 Scarpati